Form A-174 (Revised 08/2011)

SECURITIES TRANSACTION REQUEST



State of California
Department of Insurance
300 Capitol Mall, Suite 14000
Sacramento, CA 95814

Click here for A-174 Instructions						
Request Number						
Assigned by Dept. of Insurance						

California Insurance Code Section							
	Complete One Only						
	General Deposit (940/955) State						
	Workers Compensation (11691)						
	Other (Specify)						

21/2 on the	Sacramento, CA 95814				Assigned	by Dept. of Insurance	e			Other (Specify)		
Check One C	Only: Initial Deposit	Additional Dep	oosit Wi	thdrawal	Substitution/ Exchange		Check One or Both (if applicable)	Book En	ntry Physical Secu	rity	
COMPANY INFORMATION If new company, check here BANK INFORMATION FOR INTEREST PAYMENT If change, check here AGENT INFORMATION FOR SECURITIES DEPOSITS												
Company Name				Bank Name				Agent Name				
				Bank ABA # (9 digi	t)			Agent ABA # (9 digit)				
Mailing Address				Bank Account #				DTC/Broker Code				
				FFC# (If applicable	2)			FED Broker Code				
Contact Name				Mailing Address				Mailing Address				
Telephone & Fax #								-				
E-mail Address				Contact Name				Contact Name				
Tax I.D. #				Telephone & Fax #	!			Telephone & Fax #				
NAIC/CDI #				Email Address				Email Address				
SECURITIES TO BE DEPOSITED												
	Description of Securities		Cusip / Serial /					Market Value		Deposit Value	Rating	
If depositing sto	ock, identify whether common or pre	eferred.	Certificate Number	er Rate	Issue Date	Maturity Date	Par/Face Value	As of:	((Lower of Par or Market)	(Include Source)	
LIST SECURITIES TO	BE WITHDRAWN ON REVERSE				DEPOSI	T GRAND TOTALS	\$6	0.00	\$0.00	\$0.00		

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Company Name 0									
Company Name	l								
		Assigned by D	ept. of Insurance						
BANK INFORMATION FOR PRINCIPAL PAY	MENT (CASH)			AGENT INFORMATION FO	R SECURITY RELEASE				
Bank Name			Agent Name						
Bank ABA # (9 digit)			Agent ABA # (9 digit)						
Bank Account #			Agent Account # FFC # (if applicable))			
FFC # (if applicable)			DTC Broker Code						
Mailing Address			Mailing Address						
Contact Name			Contact Name						
Telephone & Fax #			Telephone & Fax #						
Email Address			Email Address						
				-					
Description of Operation	T T T T T T T T T T T T T T T T T T T	RITIES TO	BE WITHDRAWN		I				
Description of Securities If withdrawing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)			
						\$0.0			
		WITHDRAWA	L GRAND TOTALS	TALS \$0.00 \$0.00					
		AUTHOR	RIZATION						
COMPAN	DEPARTMENT OF INSURANCE								
MUST ALWAYS BE COMPLETED BY AU	DECLIEST ADDROVED								
The statements contained herein are true and contained herein are true are true and contained herein are true are true and contained herein are true are tru	REQUEST APPROVED								
NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE	FOR THE COMMISSIONER								
BYCompany Officer	Print Na	ame and Title			ommissioner	 			